

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/582351</b>		FILING DATE		
							APPLICANT(S) <i>Nakajima</i>				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1			/				51				
2				/			52				
3				/			53				
4				/			54				
5				/			55				
6				/			56				
7				/			57				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			2				TOTAL IND.				
TOTAL DEP.			20				TOTAL DEP.				
TOTAL CLAIMS			22				TOTAL CLAIMS				